UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/MOZ/5
10 February 1998

ORIGINAL: ENGLISH

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mozambique

Proposed UNFPA assistance: $23.2 million, $14 million from regular resources and $9.2 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1998-2002)

Cycle of assistance: Fifth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	10.4	8.4	18.8
Population & development strategies	2.0	0.8	2.8
Advocacy	1.0	-	1.0
Programme coordination & assistance	0.6	-	0.6
Total	14.0	9.2	23.2

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MOZAMBIQUE

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	25.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	12.0	≥55
Access to basic health services (%)[3]	39.0	≥60
Infant mortality rate (/1000)[4]	148	≤50
Maternal mortality rate (/100,000)[5]	300	≤100
Gross female enrolment rate at primary level (%)[6]	33.6	≥75
Adult female literacy rate(%)[7]	18.5	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	17,260
Population in year 2000 (000)	19,563
Sex ratio (/100 females)	97.5
Per cent urban	35
Age distribution (%)	
Ages 0-14	44.9
Youth (15-24)	18.5
Ages 60+	5.1
Percentage of women aged 15-49	44.7
Median age (years)	17.5
Population density (/sq. km.)	22
Annual population growth rate (%)	2.50
Urban	5.96
Rural	0.48
Crude birth rate (/1000)	42.5
Crude death rate (/1000)	17.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.06
Life expectancy at birth (years)	
Males	45.5
Females	48.4
Both sexes	46.9
GNP per capita (U.S. dollars, 1994)	80

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the four-year period 1998-2001 to assist the Government of Mozambique in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $23.2 million, of which $14 million would be programmed from UNFPA's regular resources, to the extent such resources are available. Multi-bilateral funding agreements in the amount of $1.2 million have been concluded, and there is strong interest in additional multi-bilateral funding for $8 million over a four-year period in support of the reproductive health subprogramme. This would be UNFPA's fifth programme of assistance to Mozambique.

2. The proposed programme takes into account the Country Strategy Note and the Common Country Assessment, the recommendations from 1994 and 1997 Programme Review and Strategy Development (PRSD) exercises, which were carried out with the full participation of the Government and with the assistance of national consultants and the UNFPA Country Support Team based in Harare, Zimbabwe. The programming cycle is coordinated with the cycles of UNDP and UNICEF. Mozambique is a category "A" country under UNFPA's approach for resource allocation.

3. The proposed programme will contribute to the Government's long-term goal of improving the quality of life of the people of Mozambique through the development and implementation of policies and programmes that address identified national population concerns. To this effect, the proposed programme will assist the Government in achieving the following purposes: (a) improving reproductive health as proposed in the Government's National Integrated Programme for women, children and adolescents; (b) adopting a national population policy and beginning its implementation; and (c) including adolescent issues in the country's reproductive health framework. The programme will provide strategic interventions at the central level and targeted and integrated interventions in Zambezia province. Of total programme funds, 45 per cent will be spent for the Zambezia subprogramme.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Mozambique, estimated at 17.3 million in 1995, is growing at a rate of 2.5 per cent annually due to the persistence of high fertility and a gradual reduction in the level of mortality. With 45 per cent of the population under 15 years of age, the Mozambican population is very young.

6. Mozambique is ranked 166 out of 175 countries in terms of UNDP's Human Development Index. However, there are great regional, social and gender differences in access to health, education and employment. Access to reproductive health services is in general quite low, and none of the services specifically target adolescents. At the national level, it is estimated that the contraceptive prevalence rate is around 12 per cent, while in Maputo 35 per cent of women used modern family planning methods in 1993. Because of the spread of HIV/AIDS, which is becoming a major health and developmental concern (the HIV sero-prevalence rate among adults is estimated at 10 per cent), the distribution of condoms has increased dramatically in the past years. Overall, about 25 per cent of deliveries are undertaken in health units, ranging from 17 per cent in Zambezia province to 40 per cent in Manica province, while a further 12 per cent of deliveries take place under the care of trained traditional birth attendants. Prenatal coverage is 73 per cent while post-delivery care is estimated at 31 per cent. According to government estimates, the national maternal mortality rate is as high as 1,062 per 100,000 live births nationally and 1,751 per 100,000 in Zambezia province. These are significantly higher than official United Nations estimates.

7. Following the end of war in 1992, the country's economy responded positively to an economic rehabilitation programme, supported by the International Monetary Fund and the World Bank. Infrastructure is being rebuilt and, in general, the economic environment is beginning to encourage foreign investment. Nevertheless, the economic situation of the country remains extremely difficult. Per capita gross national product (GNP), estimated at $80 in 1994, remains well below the average for sub-Saharan African countries. Dependency on aid is also very high, as is external debt. The Government is firmly committed to attaining sustained economic growth and overcoming the extreme poverty of about 60 per cent of the population. The Government's development strategies have concentrated on adopting measures to promote the productive sectors of the economy and improving the health and education sectors. The process of political change that culminated in the first multiparty elections, held in October 1994, is progressing smoothly.

8. The 1975 Constitution of Mozambique guarantees equal rights for men and women in all aspects of political, economic, social and cultural life. Women and men are, however, far from having the same rights in daily life. For example, according to national estimates from 1991, the adult female literacy rate was 30 per cent against 59 per cent in the male population. The country ratified, in June 1993, the United Nations Convention on the Elimination of All Forms of Discrimination Against Women. A Task Group for Women's Advancement encompassing 16 ministries and three local non-governmental organizations (NGOs) was formed in 1995 because of the need to coordinate the various efforts being undertaken by developmental agencies and governmental institutions following the Fourth World Conference on Women.

9. In recent years, efforts have been made to develop the Government's technical capacity in dealing with population issues, and activities are being undertaken to create a basis for integrating population factors and gender concerns into development planning and for formulating a national population policy. In 1996, the Population Planning Unit and the Poverty Alleviation Unit were combined to create the new Department of Population and Social Development of the Ministry of Planning and Finances. The Ministry of Health has recently approved a National Integrated Programme that encompasses maternal and child health and family planning (MCH/FP), the expanded programme of immunization, and in-school and adolescent health programmes. An Intersectoral Committee to Assist Adolescent and Youth Development, which is comprised of several ministries, NGOs and religious groups, has been created to address the concerns of adolescents, including their reproductive health needs, from a multisectoral point of view.

Achievements, constraints and lessons learned from past UNFPA assistance

10. UNFPA assistance to Mozambique started in 1978. The fourth country programme covered the period 1995-1997 in order to harmonize the programme cycle with those of UNDP and UNICEF. The fourth country programme was approved in the amount of $12.1 million, of which $6.9 million was from UNFPA regular resources. By the end of 1997, $13.7 million had been spent, which is $1.6 million more than originally approved and which represents additional regular and multi-bilateral resources that were provided for the population census as well as multi-bilateral resources that were used for the rehabilitation of maternities. Mid-term reviews of 7 out of 12 projects were undertaken. The reviews noted the continued relevance of project objectives to the needs of the country but also noted the slow pace of implementation of some projects.

11. The fourth country programme registered such achievements as the initiation of a comprehensive, geographically-based subprogramme, consisting of three thematic projects in the areas of reproductive health; information, education and communication (IEC); and population and development strategies. Zambezia province was selected as the site for carrying out this geographical subprogramme in view of the fact that it is the most populous and least-developed province in Mozambique and because population activities there were almost non-existent. Through the subprogramme, local health personnel have been trained in skills that allow them to provide better quality reproductive health services. As a result, the coverage of family planning, pre-natal and post-delivery care and institutional birth deliveries has increased. The subprogramme approach allowed the expansion of certain successful activities to other provinces under projects and programmes funded by other donors with UNFPA providing technical assistance.

12. Under the fourth country programme, activities to address adolescent reproductive health concerns were incorporated into government plans for the first time. Considerable progress was also made with respect to the formulation of a national population policy. Mozambique carried out its first

nationwide census in August 1997 using modern techniques, with extensive training of staff and many preparatory activities. Additionally, the Institute for Social Communication made considerable progress in creating a team to work in Zambezia and conducted many IEC activities both at the provincial and at the central level using traditional and modern means, and providing technical assistance to several other provinces. Finally, the programme was capable of absorbing more than the initially authorized funds, thus providing the Government with funds to conduct the population census on schedule and allowing for the rehabilitation of several maternities, an activity not originally programmed.

13. The main constraints for overall programme implementation have been the generally limited capacity of human resources in the country combined with high turnover of national counterparts. Furthermore, the long distance from Maputo to Zambezia has hampered frequent face-to-face contacts between UNFPA staff and inexperienced project staff. The extremely poor road conditions and a series of natural disasters that occurred in the province have also hampered implementation. These problems have taught the Fund that it is necessary to take measures to counteract disruption caused by turnover of personnel and to secure more realistic project documents and work plans during subprogramme formulation.

Other external assistance

14. UNFPA is an important provider of population assistance to Mozambique and plays a key role in coordinating the contributions from several donors. The 1997 population census has been supported by several donors -- the Netherlands with $2.7 million; Sweden, $1 million; the European Union, about $2 million; Norway, $470,000; and Denmark, $460,000. Also, UNDP has contributed to some census activities. The United States Agency for International Development (USAID) has provided technical assistance to the census and is also sponsoring demographic surveys, condom distribution, and a pilot project in one province on reproductive health, implemented through an international NGO, Pathfinder International, and various national NGOs. Norway has been a generous supporter of reproductive health programmes. Denmark contributed to IEC activities in Zambezia and to the formation of the intersectoral committee on adolescents. The World Bank has issued a credit of $98 million to the Government to be used in a health sector recovery programme from 1996 to 2001. Switzerland provided extensive support for integrated family health care, including reproductive health and vaccination programmes. Germany will start funding a reproductive health programme in Sofala province. Since 1995, UNICEF has funded several surveys in the health sector and is also contributing to the training of traditional birth attendants and to activities for HIV/AIDS prevention.

15. NGOs also play a key role in population assistance. CARE International will be supporting several national NGOs and the Ministry of Health for the implementation of child survival and child-spacing programmes with $4.4 million. AMODEFA, a national NGO affiliated with the IPPF, has

several projects on IEC, reproductive health and HIV/AIDS prevention sponsored by international donors, including the International Planned Parenthood Federation (IPPF) and France.

Proposed programme

16. The proposed programme will continue to provide strategic interventions at the central level along with targeted and integrated interventions in Zambezia province in the three thematic areas of reproductive health, population and development strategies, and advocacy. Of the total programme funds, 45 percent is to be spent for the Zambezia subprogramme.

17. Reproductive health. The subprogramme in the area of reproductive health will address the high maternal mortality rate and the limited access and availability of quality reproductive health services; the spread of sexually transmitted diseases (STDs), including HIV/AIDS; the lack of access to reproductive health for adolescents; the shortage and poor management of trained personnel for reproductive health care; the cultural attitudes that inhibit utilization of reproductive health services; and the lack of community and male involvement. The purpose of the UNFPA programme is to support the National Integrated Programme in achieving the following objectives by the year 2001: (a) increase pre-natal coverage from 73 to 80 per cent; (b) increase the number of deliveries performed in health facilities from 25 to 45 per cent; (c) increase post-natal coverage from 31 to 65 per cent; (d) increase the contraceptive prevalence rate from 12 to 20 per cent, with particular attention to women at high risk of maternal mortality by increasing the proportion of births that have an interval of at least two years and increasing the number of new contraceptive users from 3 to 9 per cent; and (e) decrease the maternal mortality rates by one-third.

18. The achieve these purposes, the subprogramme will carry out a variety of activities. Activities will strengthen national institutional capacity, including for carrying out research at the central level through the Ministry of Health, and in Zambezia province through the improvement of capabilities and skills in planning, implementing, coordinating and evaluating the reproductive health programme. The subprogramme will help to update reproductive health information systems and to improve logistics for contraceptive distribution. It will rehabilitate at least 10 health centres and maternities in three provinces, including Zambezia, giving priority to those units used as practical training sites for reproductive health personnel, and it will train medical students and health workers in all aspects of reproductive health services. The subprogramme will promote the integration in Zambezia province of prevention and treatment services for STDs in a number of health units that offer reproductive health services. NGOs will be supported in developing and testing innovative models to promote community participation and to sensitize men to their reproductive health responsibilities. In order to carry out these purposes, the Fund will continue to support and promote intra- and inter-ministerial and intersectoral coordination between the central-level institutions and related bodies in Zambezia province.

19. To make IEC in support of reproductive health more effective, the institutional capacity of several institutions, including the Ministry of Health, will be strengthened for the formulation and implementation of an IEC strategy in reproductive health. This will include training health staff in communication techniques and counselling skills; undertaking knowledge, attitudes and practices (KAP) studies and sociocultural research; testing and producing IEC materials, including those promoting male involvement and prevention of STDs, including HIV/AIDS, for both men and women; and dissemination of reproductive health messages through modern and traditional communication channels.

20. The programme will also develop policy guidelines and a national plan of action for adolescent reproductive health. This will require training and sensitization activities involving relevant ministries, NGOs, communities, and grass-roots associations as well as conducting relevant operational research. Adolescent reproductive health services will be introduced on a trial basis in at least one pilot centre in Maputo and six in Zambezia province and will, if successful, be replicated elsewhere. It is also expected that topics related to population, gender, environment, and reproductive and sexual health issues will be included in the curricula of primary schools and primary teachers' training schools and that programme materials for the fifth and sixth grades will be tested and distributed through the school system.

21. Population and development strategies. The issues to be addressed in the area of population and development strategies are the lack of policy guidance for promoting and implementing population programmes, the weak integration of population and gender dimensions into the planning process and the weak data and knowledge base. The subprogramme will contribute to the implementation of relevant national policies and programmes by supporting: (a) the dissemination of the national population policy now under consideration and the preparation of its plan of action; (b) the integration of population and gender issues into development planning and programming at the central level and in Zambezia province; and (c) the collection and dissemination of data on population, including the interrelationships between population, gender, poverty and the environment.

22. The Population Technical Cabinet is the coordinating body for population activities in the country and the Department of Population and Social Development of the Ministry of Planning and Finances acts as its secretariat. It is therefore essential to strengthen the capabilities of these bodies to integrate demographic variables into planning. In addition, the institutional capacity of the Zambezia Directorate of Planning and Finances will be further strengthened for integration of population concerns into sectoral planning.

23. To ensure the availability of updated data for planning and policies, particular emphasis will be placed on the completion of all activities related to the 1997 census of population and housing, including the processing and analysis of data and publication and dissemination of the results. Furthermore, indicators on population and gender issues as well as on HIV/AIDS will be updated. Policy- oriented research will be undertaken and disseminated through various media. The baseline survey in Zambezia province, including analysis, publication and dissemination of the results, will be completed. UNFPA support will also help set up a population database for Zambezia.

24. Advocacy. In spite of the growing commitment of the Government to population issues, there is still a lack of consensus for the adoption and implementation of a national population policy. Society at large, as well as certain decision makers, still fail to agree on the principles of gender equality and equity. Moreover, adolescent issues, including reproductive rights, are currently not integrated within the sectoral planning and information systems of the various ministries.

25. The subprogramme will provide technical assistance to help the Government prepare and implement an advocacy plan aimed at building a consensus and the commitment of decision makers and formal, informal and public opinion leaders regarding key population, gender and development issues as covered by the National Population Policy. The Institute for Social Communication will be strengthened to assist in the implementation of the advocacy plan. Furthermore, in order to contribute to the implementation of the National Action Plan for Adolescents, the programme will support advocacy interventions directed at members of parliament, opinion leaders, decision makers, and community and civil society representatives on the need to update laws and regulations on the rights of adolescents of both sexes in Zambezia and nationally, and it will also support legislative-related research to support these efforts.

26. Implementation, coordination, monitoring and evaluation. The proposed subprogramme will be executed by the Government and national and international NGOs with technical support from UNFPA's CST advisers. Training in financial management will continue to be organized for national project staff in an effort to address difficulties encountered in the past. Monitoring and evaluation exercises will be strengthened using baseline data and other results from the census and the various surveys being carried out under the country programme. In addition, to ensure coordination within the programme (and subprogrammes), the managers and project personnel of related projects and of the Population Technical Cabinet will continue to be invited to participate in review meetings. A mid-term country programme review will be scheduled for late 1999 or early 2000.

27. Programme activities will be coordinated with activities funded by other United Nations agencies. The agencies of the United Nations Development Group (UNDG) are planning to undertake joint programming in gender issues in Zambezia. As part of the mechanism for coordination, the Common Country Assessment articulates joint commitments on sectoral strategies in the country.

28. At present, the UNFPA country office is headed by a Representative and has four national professionals and a junior international professional officer. As the programme grows in complexity, there is a need to strengthen the capacity of the local office.

Recommendation

29. The Executive Director recommends that the Executive Board approve the programme of assistance to Mozambique, as outlined above, in the amount of $23.2 million for the period 1998-2001, $14 million of which would be programmed from UNFPA's regular resources, and the balance of $9.2 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with the Executive Board decision 96/15 on the allocation of UNFPA resources.

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